

**New Jersey Department of Human Services
Division of Aging Services
P.O. Box 807
Trenton, NJ 08625-0807**

**NOTICE OF REFERRAL FOR
LEVEL II PRE-ADMISSION SCREENING AND
RESIDENT REVIEW (PASRR) EVALUATION**

CONSUMER INFORMATION	
Name of Consumer	Date
Address of Consumer	
PROVIDER / AGENCY / PROGRAM INFORMATION	
Name of Provider/Agency/Program	
Street Address	Telephone Number
City, State, Zip Code	Fax Number
<p>Attention: _____ (Name)</p> <p>Check One: <input type="checkbox"/> Consumer <input type="checkbox"/> Authorized Representative</p> <p>A review of clinical documentation for the above-named consumer indicates evidence of one or several of the following conditions (<i>screener please check all that apply</i>):</p> <p><input type="checkbox"/> Serious Mental Illness</p> <p><input type="checkbox"/> Intellectual Disability</p> <p><input type="checkbox"/> Related Condition (Developmental Disability)</p> <p>As a result, the consumer is being referred to the State Mental Health Authority and/or State Developmental Disabilities Authority for a Level II Pre-Admission Screening and Resident Review (PASRR) Evaluation. The reason for additional evaluation is to determine if the consumer requires any specialized services for the condition(s) as checked above.</p> <p>This evaluation must be completed before the consumer can be approved for admission to a nursing facility.</p> <p>Questions should be referred to the Department of Human Services, Division of Mental Health and Addiction Services at 1-800-382-6717 and/or the Department of Human Services, Division of Developmental Disabilities at 1-800-832-9173.</p>	
Name of Level I Screening Professional (<i>Print</i>)	Title of Screening Professional
Signature of Screening Professional	Date of Referral to Level II Authority(ies)